

Member # _____
for TACT use only

TRAVEL ASSOCIATION OF CONNECTICUT



Application for TACT Membership January 1 to December 31, 2018

MEMBER: _____

First Name

Last Name

CHECK ONE: Home Based Outside Agent Retail Agent Tourist Board
 Tour Company Representative Cruise Line Representative Other

COMPANY PROFILE:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Company IATA# _____

PERSONAL PROFILE:

Address: _____

City: _____ State: _____ Zip : _____ Phone: _____

Cell: _____ Email: _____

IATAN VER # _____ CLIA # _____

Members are urged to please bring their IATAN and/or CLIA Cards to all TACT functions.

Which Email address and phone number do you prefer to be used for contacting you with information?

Work Email Home Email Work Phone Home Phone Cell Phone

PAYMENT INFORMATION: Membership Dues are \$35.00 per calendar year payable by cash, check, credit card, & PayPal online. Payment must accompany registration. Make checks payable to TACT and send to:
Maria Townsend
P.O. Box 994
Rocky Hill, CT 06067

Effective with the January 1, 2015 calendar year, non-members attending business dinner meetings will be charged as stated on the notice for each meeting. Costs may vary with each meeting due to the venue, prices, and sponsor.